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Substitute for form 1449/PTO	Complete if Known			
	Application Number	10/595879		
INFORMATION DISCLOSURE	Filing Date			
	First Named Inventor	CHAPMAN		
STATEMENT BY APPLICANT	Art Unit			
(Use as many sheets as necessary)	Examiner Name			
Sheet 1 of 1	Attorney Docket Number	784-115		

				DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number  Number-Kind Cade <sup>2 (li known)</sup>	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevan Figures Appear
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		IGN PATENT DOCU	MENTS		
Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	T
	Country Code <sup>2</sup> Number <sup>4</sup> "Kind Code <sup>5</sup> (if known)	MM-DD-YYYY	T PPINGEN OF ORCE OCCURREN	Or Relevant Figures Appear	Т
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Examiner Signature	/Lee Fineman/	Date Considered	10/21/2008

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